

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Wasatch Co

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Adult Inpatient

Program Manager

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$14,734	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$11,527	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0		0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>The Wasatch County Family Clinic (WCFC-WBH) as part of Wasatch Behavioral Health (WBH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah Valley Hospital (UVH), Provo Utah and Mountain View Hospital in Payson Utah. Additionally, as needs may require beds may be utilized at University Medical Center or University of Utah Neuropsychiatric Institute in Salt Lake City Utah or elsewhere across the Wasatch Front. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community.</p> <p>Wasatch Behavioral Health has a liaison working with the local hospitals to coordinate care of WCFC-WBH patients from Wasatch County while inpatient and to coordinate appropriate care following discharge. Following discharge clients are scheduled for immediate follow up with treatment providers or to begin services at our clinic.</p>			
Describe your efforts to support the transition from this level of care back to the community.			
<p>Individuals who are transitioning out of inpatient treatment are provided with expedited admission to services. Our goal is to provide services to these individuals within the first week out of the inpatient environment. As appropriate these clients are connected with an outpatient therapist who works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups.</p>			

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained in the case this service is needed.

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$14,734	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$11,527	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Wasatch County Family Clinic (WCFC-WBH) as part of Wasatch Behavioral Health (WBH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, Primary Children's /Wasatch Canyons and the University of Utah Neuropsychiatric Institute in Salt Lake City. As needs may require other facilities throughout the state may be utilized. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community. Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC-WBH patients from Wasatch County while inpatient and to coordinate appropriate care following discharge. Following discharge clients are scheduled for immediate follow up with their treatment providers or to begin services at our clinic.

Describe your efforts to support the transition from this level of care back to the community.

Youth who are transitioning out of inpatient treatment are provided with expedited admission to services. Our goal is to provide services to these youth within the first week out of the inpatient environment. As appropriate these clients are connected with an outpatient therapist who works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

Form A1 - FY23 Amount Budgeted:	\$14,734	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$11,527	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Wasatch County Family Clinic (WCFC-WBH) as part of Wasatch Behavioral Health (WBH) has agreements with and primarily uses the following hospitals: Provo Canyon Behavioral Hospital, Provo, Utah, Primary Children's /Wasatch Canyons and the University of Utah Neuropsychiatric Institute in Salt Lake City. As needs may require other facilities throughout the state may be utilized. Inpatient services are to provide psychiatric stabilization for acute, emergent conditions. The goal is to discharge as clinically appropriate to less restrictive settings in the community. Inpatient services include medication management, individual and group psychotherapy, recreational activities and may also include family therapy. Coordination is provided to maximize the benefit of the hospitalization and to provide a seamless transition back to the community. Wasatch Mental Health has a liaison working with the local hospitals to coordinate care of WCFC-WBH patients from Wasatch County while inpatient and to coordinate appropriate care following discharge. Following discharge clients are scheduled for immediate follow up with their treatment providers or to begin services at our clinic.

Describe your efforts to support the transition from this level of care back to the community.

Youth who are transitioning out of inpatient treatment are provided with expedited admission to services. Our goal is to provide services to these youth within the first week out of the inpatient environment. As appropriate these clients are connected with an outpatient therapist who works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups.

A budgeted balance is maintained in the case this service is needed.

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$8,128	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$6,031	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

As part of Wasatch Behavioral Health WCFC-WBH can access and provide adult residential treatment at the Intensive Residential Treatment (IRT) program. IRT is located on WBH's Parkview campus, 1157 East 300 North, Provo, UT.

IRT is a 24 hour residential care/treatment program designed to help individuals with serious and persistent mental illness by providing resources, services, and opportunities as an alternative to hospitalization. It is a 16-bed co-ed adult residential facility serving ages 18 and older. Beds are typically available for 8 males and 8 females. IRT is staffed with awake personnel, including a nurse, 24-hours a day, 7-days a week. An array of services is provided including assessment, individual therapy, group therapy, skills development, case management, day treatment, medication management, and psychopharmacology. A psychiatrist makes rounds at least weekly and is available on-call, 24-hours a day.

WCFC-WBH has also had success in utilizing natural community supports by increasing support to families which has enabled some individuals to remain in their own home or community setting with increased wrap-around support which has prevented the need for the use of IRT.

How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?

In Wasatch County access to this level of care is based on the client's ability to care for themselves. Multiple dimensions are accounted for including ability to perform self care (hygiene, medication, cooking, shopping, cleaning, scheduling, and money management). In addition to these items the client's mental health plays a key role regarding diagnosis. Finally, the client's motivation to benefit from residential services is also evaluated. If residential care is utilized, the OQ45 is used for assessment. Additionally, clinical assessment is used to evaluate a client's level of function as relates to safety and ability to provide self care. C-SSRS is used to assess safety for suicide in addition to clinical interview.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained in the case this service is needed.

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$8,128	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$6,031	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by	\$0	Form A1 - Actual FY21 Clients Serviced as	0

Locals		Reported by Locals	
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify any significant service gaps related to residential services for youth you may be experiencing.</p>			
<p>As part of Wasatch Behavioral Health WCFC-WBH has access to programs in Utah County operated by Wasatch Mental Health. As needs arise WCFC-WBH will provide Residential services to children and youth at Vantage Point and Aspire Academy. In some instances we have been successful in averting a residential placement through increased wrap around services to the family.</p> <p>Vantage Point provides 24-hours a day, 7 days a week crisis residential services for male and female youth ages 12 to 17 who are ungovernable, at risk of becoming runaways, or where there is serious parent/child conflict. The program is located at 1185 East 300 North, Provo, UT. The program typically does not accept known sex offenders, unless carefully screened and only on a case-by-case basis. Youth that are significantly under the influence of substances must be medically cleared prior to admission. Aspects of Vantage Point include:</p> <ul style="list-style-type: none"> • Crisis Residential: Provides 24 hours a day, 7 day a week short term crisis “time out” shelter for youth in crisis unable to stay at home due to conflict with caretaker. Also provides up to 60 days of follow up outpatient individual, family and group intervention. • Juvenile Receiving: Provides 24-hours a day, 7 days a week reception, screening, and evaluation services for juvenile offenders who do not meet the criteria for secure detention for female and male 10 – 17 years of age. These youth are usually in Juvenile Receiving less than 24 hours. • Division of Child and Family Services (DCFS) Shelter Care: Provides temporary placement for youth in DCFS custody due to abuse or neglect and/or have had a disruption in a foster care placement. <p>Aspire Academy is a DCFS Level 6 Mental Health program for 16 adolescent girls, ages 12 to 20. We mainly contract with DCFS but may on occasion accept DJJS girls into the program through the DCFS contract. These girls have been removed from their homes because of neglect, abuse, serious parental inadequacy, or other family problems. These clients have emotional and behavioral disorders requiring care and supervision in Aspire Academy. The average length of stay for these young women is between 4 and 6 months. Time in placement may be altered based on individual progress toward goals. At Aspire Academy we utilize a strength based model coupled with Dialectical Behavior Therapy (DBT) techniques. Each girl attends individual and group therapy, provided by in house therapists and staff. Educational services are provided by Alpine School District in the facility. They follow a strict behavioral program emphasizing personal responsibility and accountability.</p>			
<p>How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.</p>			
<p>Access to this level of care is determined between the guardian and the providing therapist. When appropriate the child may also be included in this conversation in addition to other care team members. The child’s history, diagnosis, and symptom acuity are considered. When a child re-enters outpatient treatment the child therapist works with the client on determining how frequently they need to be seen and what services would benefit them. Additional services may include case management, behavior management, skill development, medication management, family as well as individual therapy, and groups. Including the child in the conversation depends on the child’s ability to rationally engage with parents and the treatment team. If rational plans can be made, it is hoped such a placement could be avoided. At WBH we work to utilize the least restrictive environment possible. If safety cannot be</p>			

maintained, or placement in such treatment is viewed as providing value to the client's well being in a manner that is a less restrictive environment then such a placement will be pursued. The YOQ is available to help inform this process.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

A budgeted balance is maintained in the case this service is needed.

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$423,624	Form A1 - FY23 Projected clients Served:	285
Form A1 - Amount budgeted in FY22 Area Plan	\$361,554	Form A1 - Projected Clients Served in FY22 Area Plan	285
Form A1 - Actual FY21 Expenditures Reported by Locals	\$456,416	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	205

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 5:00 P.M. on Fridays.

WCFC-WBH is staffed with a multidisciplinary team consisting of an advanced practice nurse, registered nurse, social workers, mental health counselors, marriage and family therapist, case managers and a family resource facilitator. Clinicians work with a variety of disorders including those with co-occurring substance use disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, and medication management.

As clients are assessed for clinical needs they are also given an acuity rating. This rating and collaborative treatment planning is designed to help tailor services to match individual needs.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

WCFC-WBH does not have an ACT team due to the small rural nature of our agency in Wasatch County. As a larger agency WBH has expanded the Bridge Team (ACT-Like model) in order to provide on-going support to the SPMI population that requires the most intensive level of outpatient care to

remain within their community setting. The BRIDGE Team concept of “a hospital without walls” consists of 4 case managers, a part time prescriber, 1.5 therapists, and a part-time nurse. The Bridge team delivers in-home services to individuals whose illness prevents them from successfully participating in services delivered in a traditional clinic model. These services are largely based in Utah County but may be available to Wasatch County Residence to a limited extent. The WCFC-WBH team is equipped to provide in-home services when a client’s circumstances require said services. The Utah County based Bridge Team is available to consult as needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

NA

Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.

WCFC-WBH has a philosophy to serve individuals in the least restrictive setting using natural supports as much as possible. For those civilly committed, case management is key in working with individuals in the community to provide wrap-around support and access to medications and other physical health and behavioral health care. WCFC-WBH also has the ability to access resources in Utah County as needed.

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$248,795	Form A1 - FY23 Projected clients Served:	140
Form A1 - Amount budgeted in FY22 Area Plan	\$212,342	Form A1 - Projected Clients Served in FY22 Area Plan	140
Form A1 - Actual FY21 Expenditures Reported by Locals	\$304,278	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	133

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please highlight approaches to engage family systems.

Outpatient services are provided at the WCFC-WBH in Heber City, Utah located at 50 South 500 East. This clinic is co-located with the Wasatch County Health Department. The Clinic is open Monday-Friday with hours of 8:00 A.M. until 7:00 PM. Monday-Thursday and 8:00 A.M. until 5:00 P.M. on Fridays.

WCFC-WBH is staffed with a multidisciplinary team consisting of a psychiatrist, nurse, social workers, mental health counselors, marriage and family therapist, case managers and a family resource facilitator. Clinicians work with a variety of disorders including those with co-occurring substance use

disorders. Services at this clinic include individual and group psychotherapy, case management, skills development, individual and group behavior management, and medication management.

As clients are assessed for clinical needs they are also given an acuity rating. This rating and collaborative treatment planning is designed to help tailor services to match individual needs.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

The Wasatch County Family (WCFC)-WBH is a small rural office with limited services. We have the ability to provide high acuity clients with outpatient therapy, medication management, case management, skill development, and behavior management. Where appropriate we wrap these services around high acuity clients. Due to our larger relationship with WBH, when necessary our inpatient program, Aspire Academy can be considered. Additional higher levels of care include the Vantage Point 24 Hours Program and the New Vista Day Treatment program. We work to provide the client with the least restrictive level of care necessary based on their symptom manifestation which is monitored repetitively throughout treatment. Steps up and down in the restrictive nature of treatment are carefully considered. To sustain fidelity, WBH utilizes the YOQ for our youth services to monitor progress and outcomes.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

NA

7) Adult 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$557,611	Form A1 - FY23 Projected clients Served:	144
Form A1 - Amount budgeted in FY22 Area Plan	\$353,392	Form A1 - Projected Clients Served in FY22 Area Plan	144
Form A1 - Actual FY21 Expenditures Reported by Locals	\$74,280	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	14

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services

to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 1-800-273-8255 (TALK). Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.

WCFC-WBH has an MCOT that serves both Summit and Wasatch Counties. At present, the program manager of the Wasatch County Family Clinic is the acting MCOT therapist with an additional MCOT therapist covering two day a week. We additionally have one peer support specialist. The current hours of operation are Monday - Friday, 8 AM to 5 PM. We are in the process of recruiting and hiring. We are exploring various staffing patterns in the hopes of attracting sufficient staff to move to 24/7 coverage.

When the MCOT is not available, emergency mental health evaluations for Wasatch County are provided by Intermountain Healthcare at the Heber Valley Hospital Emergency Department. Individuals in crisis meet via video conference with a crisis worker housed at LDS Hospital in Salt Lake City. The crisis worker completes the evaluation via video conference, determines the level of needed care, and makes a referral for services.

WCFC-WBH continues to work with law enforcement and other community partners with emergent services as applicable. WCFC-WBH provides crisis response to the jail as requested.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

For WCFC, the only crisis services we provide are MCOT services. Our crisis intervention services through our MCOT team are accessed through 911 and the state crisis line. Our evaluation process is managed primarily through the State Crisis Line and the local 911 dispatch centers. When they deem an individual needs MCOT they call our MCOT dispatch hotline and the MCOT is dispatched to the individual. Due to the short term nature of MCOT outcomes are measured as resolved or not resolved and hospitalized or remained in place.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

WCFC-WBH has struggled to find staff to fill a full 24 hour model. We are exploring various staffing patterns in the hopes of attracting sufficient staff to move to 24/7 coverage, in addition to inflationary expenses.

Describe any significant programmatic changes from the previous year.

NA

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$274,644	Form A1 - FY23 Projected clients Served:	71
Form A1 - Amount budgeted in FY22 Area	\$174,059	Form A1 - Projected Clients Served in FY22 Area Plan	71

Plan			
Form A1 - Actual FY21 Expenditures Reported by Locals	\$16,305	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	6
<p>Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.</p>			
<p>WCFC-WBH-Wasatch Behavioral Health refers all clients to the Utah Crisis Line 1-800-273-8255 (TALK). Mental Health Professionals are available 24 hours a day 365 days a year to field crisis calls from all over the state.</p> <p>WCFC-WBH has an MCOT that serves both Summit and Wasatch Counties. At present, the program manager of the Wasatch County Family Clinic is the acting MCOT therapist with an additional MCOT therapist covering two day a week. We additionally have one peer support specialist. The current hours of operation are Monday - Friday, 8 AM to 5 PM. We are in the process of recruiting and hiring. We are exploring various staffing patterns in the hopes of attracting sufficient staff to move to 24/7 coverage.</p> <p>When the MCOT is not available, emergency mental health evaluations for Wasatch County are provided by Intermountain Healthcare at the Heber Valley Hospital Emergency Department. Individuals in crisis meet via video conference with a crisis worker housed at LDS Hospital in Salt Lake City. The crisis worker completes the evaluation via video conference, determines the level of needed care, and makes a referral for services.</p> <p>WBH is meeting with the SMR folks twice a month to track referrals in order to ensure the crisis line referring to SMR are taken care of for a good transition. (Per Doran Williams)</p> <p>WCFC-WBH continues to work with law enforcement and other community partners with emergent services as applicable. WCFC-WBH provides crisis response to the jail as requested.</p>			
<p>Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.</p>			
<p>For WCFC, the only crisis services we provide are MCOT services. Our crisis intervention services through our MCOT team are accessed through 911 and the state crisis line. Our evaluation process is managed primarily through the State Crisis Line and the local 911 dispatch centers. When they deem an individual needs MCOT they call our MCOT dispatch hotline and the MCOT is dispatched to the individual. Due to the short term nature of MCOT outcomes are measured as resolved or not resolved and hospitalized or remained in place.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			

WCFC-WBH has struggled to find staff to fill a full 24 hour model. We are exploring various staffing patterns in the hopes of attracting sufficient staff to move to 24/7 coverage, in addition to inflationary expenses. .

Describe any significant programmatic changes from the previous year.

NA

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$118,669	Form A1 - FY23 Projected clients Served:	131
Form A1 - Amount budgeted in FY22 Area Plan	\$103,655	Form A1 - Projected Clients Served in FY22 Area Plan	131
Form A1 - Actual FY21 Expenditures Reported by Locals	\$89,507	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	97

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings

WCFC-WBH clients are provided Medication Management Services by an in-house prescriber. We also have an RN to provide medical support. Services are provided on-site at the WCFC-WMH. Medication Management Services are an integral part of treating the mentally ill. The appropriate prescribing, administering, maintaining, and monitoring of clients on medications is an important aspect of client treatment, through the amelioration of their negative symptoms. Clients whose symptoms are adequately stabilized through medication management experience better quality of life and personal independence in the community. Clients receiving suitable Medication Management Services are far less likely to become a danger to themselves or others, or to need inpatient hospitalization services. We are also able to access medical services in Utah County with other Wasatch Mental Health providers when needed.

Individuals receiving Medication Management Services must be a client of WCFC-WBH and require medications for the treatment of their mental illness.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

NA
NA

10) Children/Youth Psychotropic Medication Management**Leah Colburn**

Form A1 - FY23 Amount Budgeted:	\$10,319	Form A1 - FY23 Projected clients Served:	19
Form A1 - Amount budgeted in FY22 Area Plan	\$9,013	Form A1 - Projected Clients Served in FY22 Area Plan	19
Form A1 - Actual FY21 Expenditures Reported by Locals	\$12,205	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	26

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.

WCFC-WBH clients are provided Medication Management Services by an in-house prescriber. We also have an RN to provide medical support. Services are provided on-site at the WCFC-WMH. Medication Management Services are an integral part of treating the mentally ill. The appropriate prescribing, administering, maintaining, and monitoring of clients on medications is an important aspect of client treatment, through the amelioration of their negative symptoms. Clients whose symptoms are adequately stabilized through medication management experience better quality of life and personal independence in the community. Clients receiving suitable Medication Management Services are far less likely to become a danger to themselves or others, or to need inpatient hospitalization services. Additional psychiatric coverage is also available from medical staff in Utah County as needed. Arrangements can be made for children to either be seen in Utah County or we have also made arrangements for medical staff to come to see children in Wasatch County.

Individuals receiving Medication Management Services must be a client of WCFC-WBH and require medications for the treatment of their mental illness.

Medical staff coordinate medical services with other providers to communicate and coordinate treatment efforts.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

N/A

Describe any significant programmatic changes from the previous year.

NA

11) Adult Psychoeducation Services & Psychosocial Rehabilitation**Pam Bennett**

Form A1 - FY23 Amount Budgeted:	\$17,543	Form A1 - FY23 Projected clients Served:	40
Form A1 - Amount budgeted in FY22 Area Plan	\$13,470	Form A1 - Projected Clients Served in FY22 Area Plan	40

Form A1 - Actual FY21 Expenditures Reported by Locals	\$27,431	Form A1 - Actual FY21 Clients Served as Reported by Locals	14
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WBH provides group and individual Psychosocial Rehabilitation services. Groups are held two days per week from 10:00 a.m. -1:00 p.m. Groups are led by our SSW and focus on personalized recovery, wellness including healthy diet, being tobacco free, and promoting healthy activities and WRAP planning. Services also provide instruction on budgeting, shopping and other living skills. These services are provided in both group and individual settings. Individuals may choose to attend the Summit County Club House Program on their own. WCFC-WBH has coordinated with the Summit County Club House to coordinate referrals when appropriate.			
Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?			
Clients are identified for psychosocial rehabilitation services based on need. Clients are assessed based on social skills, self care, employment status (and ability to sustain employment), and ability to manage finances. We utilize the OQ45 to measure outcomes. As clients progress in groups and learn to effectively live OQ45 scores should decrease as clients find new ways to better manage life, socially engage, and where appropriate maintain employment.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Increase due to anticipated inflationary impacts on service costs.			
Describe any significant programmatic changes from the previous year.			
There are no significant programmatic changes.			

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$11,695	Form A1 - FY23 Projected clients Served:	35
Form A1 - Amount budgeted in FY22 Area Plan	\$8,980	Form A1 - Projected Clients Served in FY22 Area Plan	35
Form A1 - Actual FY21 Expenditures Reported by Locals	\$6,435	Form A1 - Actual FY21 Clients Served as Reported by Locals	4
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Services are available to children/youth who meet SED criteria. When allowed services are also provided in school based settings for SED children ages 5-12. After school skills groups are offered			

Tuesday, Wednesday and Thursdays from 3:00-5:00 p.m. These services are extended to all elementary schools in the Wasatch County School District. Groups are focused on increasing skills in social appropriateness, emotional regulation, attending skills, honesty, and being successful in school. Following the program, children are provided with transportation home. Groups run concurrently with the school year. A summer program will also be provided three days per week.

As part of Wasatch Behavioral Health services are also available in Utah County with Giant Steps and New Vista as needed. Giant Steps provides psychosocial rehabilitation in a school based setting for children with SED and autistic spectrum disorders. New Vista is a day treatment program for Youth with sexual touching issues ages 9 to 18. The program is located on the Parkview Campus up Wasatch Behavioral Health in Provo, UT. The program runs year round, following the school calendar, 6:00 a.m. until 5:30 p.m., Monday through Friday. The goal of New Vista is to help youth who have been adjudicated in Juvenile Court and ordered to complete a NOJOS level one (psychosexual education); level two (outpatient individual, family and group therapy); and level three (day treatment supervision, school services, and level one and two services).

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

Clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services based on school counselor referral and parent referral. Children are assessed by WCFC-WBH staff. Staff assess each child for behavioral struggles that fit the continuum of behaviors addressed in the group. Such behaviors may include but are not limited to difficulty following instruction, defiance, distractibility, difficulty organizing, impulse control, aggression, emotional regulation, and struggles with problem solving. Parent and school staff feedback is utilized to help guide services and measure the effectiveness of services. Additionally the YOQ is administered as a measure of effectiveness.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

In the wake of the COVID pandemic the WCFC-WBH has re-opened its school based group program.

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$144,641	Form A1 - FY23 Projected clients Served:	113
Form A1 - Amount budgeted in FY22 Area Plan	\$151,500	Form A1 - Projected Clients Served in FY22 Area Plan	113
Form A1 - Actual FY21 Expenditures Reported by Locals	\$111,606	Form A1 - Actual FY21 Clients Served as Reported by Locals	85

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.

Case management is an important part of our service continuum. The purpose of Case Management is to assist individuals with serious mental illness to access needed resources and coordinate care with other providers in order to be successful and improve their quality of life in the community. Case management provides continuity of care for the client in the mental health system and addresses not only the manifest symptoms of the illness, but may also address psychosocial problems such as housing, transportation, application/attainment of benefits, attainment of food, activities of daily living, medical appointments, education, employment, and other activities. Case management also provides assistance for consumers by coordinating services with other agencies, follow-up regarding treatment needs and/or advocacy assistance. Case management is usually done in the community as opposed to an office type setting and may be done in the client's home, place of employment, shelter, on the streets, or in residential settings. WCFC-WBH has two full time case managers providing services. WCFC-WBH also works closely with our County Victim's advocate in assisting those in need to access necessary services. WBH's case managers either have a SSW license or are working toward their SSW license. WBH only hires folks who can meet those requirements.

Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?

Clients are assigned to case management by their primary therapist based on need. Needs assessed include a need to be linked to services or resources. Need for aid with coordinating with other services, or to gain access to services or resources. Need for ongoing assessment and monitoring to help facilitate treatment. Effectiveness of services are measured utilizing the OQ45.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

N/A

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

14) Children/Youth Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$31,751	Form A1 - FY23 Projected clients Served:	37
Form A1 - Amount budgeted in FY22 Area Plan	\$33,256	Form A1 - Projected Clients Served in FY22 Area Plan	37
Form A1 - Actual FY21 Expenditures Reported by Locals	\$15,219	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	30
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.			

Case management services are available to children and youth. Case management services are to be child and family driven. Case management works with the child and their family to provide advocacy, coordination and monitoring of services, and access to services needed to be successful in the community if possible. Case management provides services in the home, school, clinic or other community settings as appropriate. Case management also provides services to youth and children transitioning from other levels of care including the Utah State Hospital. WCFC-WBH provides this service directly to youth and children to have a determined need. WBH's case managers either have a SSW license or are working toward their SSW license. WBH only hires folks who can meet those requirements.

Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?

Clients are assigned to case management by their primary therapist based on need. Needs assessed include a need to be linked to services or resources. Need for aid with coordinating with other services, or to gain access to services or resources. Need for ongoing assessment and monitoring to help facilitate treatment. Effectiveness of services are measured utilizing the OQ45.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

We have added a second case manager to our case management team

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$8,722	Form A1 - FY23 Projected clients Served:	2
Form A1 - Amount budgeted in FY22 Area Plan	\$6,805	Form A1 - Projected Clients Served in FY22 Area Plan	2
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Wasatch County requires developers to have a percentage of their development to be affordable housing. A number of local apartment complexes also have affordable units. When a client requires aid with housing the client is assigned to case management to help the client find and apply for affordable housing.

WCFC-WBH does not have treatment-based or supportive housing located in Wasatch County.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for

placement in treatment-based and/or supportive housing? Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov

Clients are evaluated based on their ability to perform self-care, manage their symptoms, and manage their medication. Additionally, a full Daily Living Activities (DLA) evaluation is completed on each client. Clients who are deemed an appropriate fit for these services must be referred to our Utah County based agency where these services are provided.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

There are no significant programmatic changes.

16) Children/Youth Community Supports (respite services)

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$8,722	Form A1 - FY23 Projected clients Served:	2
Form A1 - Amount budgeted in FY22 Area Plan	\$6,805	Form A1 - Projected Clients Served in FY22 Area Plan	2
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.

WCFC-WBH has access to WBH respite services in the form of the Vantage Point short term youth program in Provo, UT. Vantage Point offers children ages 10 to 17 overnight respite care providing families with needed respite.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Eligibility for respite services is based on a clinical evaluation by a licensed therapist and conversation with guardians. Respite is recommended when a child does not pose a safety risk to themselves or others, and when said services will benefit clinical outcomes for the client and family. Effectiveness is measured based on clinical outcomes as reported by the client and family and through the YOQ.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs.

Describe any significant programmatic changes from the previous year.

NA

17) Adult Peer Support Services

Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$19,182	Form A1 - FY23 Projected clients Served:	9
Form A1 - Amount budgeted in FY22 Area Plan	\$17,606	Form A1 - Projected Clients Served in FY22 Area Plan	9
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WBH has partnered with Utah County based substance use peer support specialists (PSS) to facilitate peer support services in Wasatch County. Additionally, WCFC-WBH has one PSS on staff with the MCOT team who delivers her services through crisis visits and in the form of indicated follow up appointments and phone calls.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).			
NA			
Describe any significant programmatic changes from the previous year.			
NA			

18) Family Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$4,796	Form A1 - FY23 Projected clients Served:	3
Form A1 - Amount budgeted in FY22 Area Plan	\$4,402	Form A1 - Projected Clients Served in FY22 Area Plan	3
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. <i>Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.</i>			

For about two years the WCFC-WBH has been unable to find and contract with or hire a Family Peer Support (FPS) for services in Wasatch County. The FPS is trained in Wraparound to fidelity and executes Wraparound Plans on a weekly basis. The FPS will participate fully with WCFC-WBH staff in meetings and coordination of care and will be involved with many community coalitions and partners.

Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?

Clients will be identified by need through their WCFC-WBH therapist or case manager.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

The greatest need for family peer support in Wasatch County is with the Latinx community. We have a current posted opening for a bilingual (English/Spanish) speaking FPS.

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$11,436	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$6,847	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$5,732	Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WBH will provide consultation and education services in a variety of ways. Staff are asked to present at various community events including the Community wide Issues conference, church groups, UVU, school groups and other settings. We also will be working closely with law enforcement to provide CIT training to the Wasatch County Sheriff's department and the Heber Police Department.

WCFC-WBH staff will also be participating in local fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. We work in collaboration with the Wasatch County Health Department, and Wasatch County School District in providing QPR training in the community in a suicide prevention effort. WCFC-WBH also has provided Mental Health First Aid classes in the community.

WCFC-WBH also has certified a staff member in Mental Health First Aid and trainings are provided to the community.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs and anticipated increase in these activities as communities and partners re-engage with reduced impacts from COVID.

Describe any significant programmatic changes from the previous year.

Increased participation in community events is anticipated as COVID restrictions loosen.

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$11,436	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$6,847	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$5,732	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WBH will provide consultation and education services in a variety of ways. Staff present at various community events including the Community wide Issues conference, church groups, school groups and other settings. We also will be working closely with law enforcement to provide CIT to the Wasatch County Sheriff's department and the Heber Police Department.

WCFC-WBH staff will also be participating in local fairs and other community events providing information on how to access services and information on prevention of behavioral health problems. As we are the new service provider we also have been utilizing media including written and radio to provide information and community support.

WCFC-WBH has been a co-sponsor in a community event promoting the positive benefits of families eating meals together. Participants at this event were provided a free meal in the park for their family and booths were set up with information available about strengthening families and wellness. At each booth a food item was given to the family and after visiting all booths the family would have all the ingredients needed to then take home and have their own family meal.

WCFC-WBH is also working with the local Hispanic Community to provide information regarding mental health resources and prevention of substance use. We are working with a local coalition that has been formed to identify and intervene in specific local needs.

Additionally, WCFC-WBH works closely with the Wasatch County Children's Justice Center to provide input and assistance with cases seen at the Children's Justice Center. WCFC-WBH also participates with community coalitions focusing on youth and children in Wasatch County. These coalitions include the Caring Community Coalition and Youth Council. WCFC-WBH also participates in staffing cases with DCFS, JJS and participates on the Multi-Agency Staffing. We are also working closely with the Wasatch County School District. This year we will continue to focus on providing QPR training in the community.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs and anticipated increase in these activities as communities and partners re-engage with reduced impacts from COVID.

Describe any significant programmatic changes from the previous year.

Increased participation in community events is anticipated as COVID restrictions loosen.

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$27,665	Form A1 - FY23 Projected clients Served:	42
Form A1 - Amount budgeted in FY22 Area Plan	\$17,798	Form A1 - Projected Clients Served in FY22 Area Plan	42
Form A1 - Actual FY21 Expenditures Reported by Locals	\$1,762	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	2

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

The Wasatch County Jail contracts with another provider for medical services and for jail programming. WCFC-WBH staff does provide services when requested including crisis intervention, mental health evaluations, and group treatment. We have also established the ability to use tele med for our psychiatrist to be able to evaluate and provide medication management services when needed.

WCFC-WBH continues providing case management and group treatment in the jail with JRI funding.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Clients are selected for these services based on need. The jail has a paper process for inmates to request therapy. Upon their request the jail coordinates with WCFC-WBH and the inmate is scheduled for therapy. Effectiveness for this service is based on client reports.

Describe the process used to engage clients who are transitioning out of incarceration.

Many of the inmates in the County Jail are state prison inmates that are contracted to be held in our local facilities. On the occasion that a local resident is transitioned out and requires services, the WCFC-WBH case manager will meet with the inmate prior to release to coordinate services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

Increase due to anticipated inflationary impacts on service costs and anticipated increase in these activities as communities and partners re-engage with reduced impacts from COVID.

Describe any significant programmatic changes from the previous year.

Increased services to the jail is anticipated as COVID restrictions loosen.

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$9,636	Form A1 - FY23 Projected clients Served:	1
Form A1 - Amount budgeted in FY22 Area Plan	\$7,809	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
WCFC-WBH will utilize outplacement funds to provide services to individuals transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized to provide housing, non-covered treatment costs or other community resources that may be needed for success in the community.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
Increase due to anticipated inflationary impacts on service costs			
Describe any significant programmatic changes from the previous year.			
NA			

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			

WCFC-WBH will utilize outplacement funds to provide services to children/youth transitioning from the Utah State Hospital back home to the community. These funds will be utilized to purchase services, supplies and needed supports not covered by Medicaid to facilitate a successful community placement. They may be utilized in a creative manner to provide non-covered treatment costs or other community resources that may be needed for success in the community. Examples include medication costs for non covered medications, respite and other in-home services or other needed services and interventions that may support the transition and success in the community. Requests and approvals are made through the Children's Continuity of Care Committee.

Describe any significant programmatic changes from the previous year.

NA

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$7,319	Form A1 - FY23 Projected clients Served:	14
Form A1 - Amount budgeted in FY22 Area Plan	\$7,187	Form A1 - Projected Clients Served in FY22 Area Plan	14
Form A1 - Actual FY21 Expenditures Reported by Locals	\$7,118	Form A1 - Actual FY21 Clients Served as Reported by Locals	17

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WBH provides services to individuals residing in Wasatch County who are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include mental health evaluation, medication management, individual and group therapy and case management and skills services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Thursday 8:00 a.m. to 7:00 p.m. and until 5:00 p.m. on Fridays.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

The WCFC-WBH secretary is trained to gather financial documentation from individuals who are unfunded to determine their sliding fee scale payment. Based on this data the secretary screens for individuals who may qualify for Medicaid. Those clients who fall into this category are then referred to our case management team to begin the application process for Medicaid.

For mental health services a vast majority of our client base has a funding source between private insurance, traditional medicaid, or expansion medicaid. It seems most of our clientele have some form of coverage in Wasatch County.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

NA

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$4,879	Form A1 - FY23 Projected clients Served:	14
Form A1 - Amount budgeted in FY22 Area Plan	\$4,791	Form A1 - Projected Clients Served in FY22 Area Plan	14
Form A1 - Actual FY21 Expenditures Reported by Locals	\$4,745	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	14

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

WCFC-WBH provides services to children/youth and their families who reside in Wasatch County and are uninsured or underinsured. We require verification of income and then fees are set according to a sliding fee scale. Services include mental health evaluation, medication management, individual and group therapy and case management services. Services are provided at the clinic located at 55 South 500 East in Heber City. Hours are available Monday-Friday 8:00 a.m. to 5:00 p.m.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

Unfunded clients must provide proof of income at intake. Our secretary screens clients for possible Medicaid expansion eligibility and then links clients with a case manager to begin the application process.

For mental health services a vast majority of our client base has a funding source between private insurance, traditional medicaid, or expansion medicaid.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

NA

Describe any significant programmatic changes from the previous year.

NA

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:	\$13,694	Form A1 - FY23 Projected clients Served:	2
Form A1 - Amount budgeted in FY22 Area Plan	\$5,542	Form A1 - Projected Clients Served in FY22 Area Plan	1
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>WCFC-WBH continues to provide the Strengthening Families program in Wasatch County. This is an evidenced based model intended for high risk families. It is a 10 week curriculum based program teaching parenting skills, social skills and family life skills. Groups are held with children, teens, parents along with in-home coaching to help families retain and implement the skills learned. Love and Logic parenting classes are also provided in both English and Spanish (through a contracted provider). Many families receiving these services are not opened as clients as this is provided as a service to the community. Additionally, QPR and Mental Health First Aid classes will continue to be provided in the community.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
<p>Increase due to anticipated inflationary impacts on service costs.</p>			
Describe any significant programmatic changes from the previous year.			
<p>NA</p>			

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:		Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan		Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals		Form A1 - Actual FY21 Clients Serviced as Reported by Locals	
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>N/A</p>			
Describe how clients are identified for FEP services. How is the effectiveness of the services			

measured?
N/A
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).
NA
Describe any significant programmatic changes from the previous year.
NA

28) Client Employment

Sharon Cook

<p>Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.</p> <p>In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2</p>
<p>Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).</p> <p>WCFC-WBH recognizes the value of employment and will continue to support employment opportunities. Psychosocial rehabilitation groups are also geared to teach skills that support employment. We are also utilizing resources through the clubhouse in Summit County. We also work closely with Vocational Rehabilitation.</p>
<p>The referral process for employment services and how clients who are referred to receive employment services are identified.</p> <p>Clients in need of employment services are identified through a clinical assessment. As appropriate clients are referred by the therapist or case manager to a skills group, Club House, or Vocational Rehabilitation services.</p>
<p>Collaborative employment efforts involving other community partners.</p> <p>WCFC-WBH has worked with several community partners including Workforce Services, Vocational Rehab, and Wasatch County School District to increase employment opportunities. Clients are referred to above mentioned agencies for services.</p>
<p>Employment of people with lived experience as staff through the Local Authority or subcontractors.</p> <p>WCFC-WBH does not currently employ consumers as staff. We have a limited amount of positions and would be willing to hire consumers if the appropriate situation presents.</p>
<p>Evidence-Based Supported Employment.</p> <p>WCFC-WMH clients are able to access services at Wasatch House, an ICCD certified clubhouse. Additionally, clients now have access to services through the Summit County Club House in Park City,</p>

providing clients with two options for club house services.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

The following modalities are utilized at the WCFC:

Trauma Focused Cognitive Behavioral Therapy
Life Skills Training
Cognitive Behavioral Therapy
Systemic Family Therapy
Relapse Prevention Therapy
Motivational Interviewing
Medication Management (to fidelit)
MRT (to fidelit)
OQ/YOQ (to fidelit)
Wraparound to Fidelity
Family Psychoeducation
Illness Self-Management and Recovery
School Based Treatment
QPR
EMDR (to fidelit)
Strengthening Families
Seeking Safety
Mental Health First Aid

Employees are given \$500 annually to assist with continuing education for clinical staff. In addition to funding to assist clinicians in continuing education to ensure practices are up to date, Wasatch Behavioral Health also uses a clinical consultation program. The clinical consultation program is designed as a regularly scheduled peer consultation group in which clinicians review cases and provide guidance to one another. These consultation groups provide an opportunity for the group to review each other's practices and address practices that fall outside of fidelity of the varying clinical models of treatment.

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

As noted above, employees are given \$500 annually to help pay for training to ensure employees are up to date in their practice. The Outcome Questionnaire (OQ45) and Youth Outcome Questionnaire (YOQ) are key metrics used to evaluate client outcomes and quality of care.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

It is planned to train our case management team in MRT to aid with delivery of this service both at our office and at the county jail. Currently 50% of our case management team is trained in this modality of treatment and we plan to train the other 50% of our team this year.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).

Feedback is received from community coalitions, community assessments completed with our Prevention Coordinator and regular meetings with Wasatch County Manager. Clients also have the opportunity to provide feedback through MHSIP surveys.

Describe how mental health needs for people in Nursing Facilities are being met in your area

There is one skilled nursing facility in Wasatch County. WCFC-WBH provides therapy services including, med management, and individual, family therapy and PRS services. Crisis services are also provided as needed. Telehealth visits can be either regularly scheduled for those who require this service for any reason. Clinicians are also flexible to provide Telehealth services upon request should a client stumble across an unforeseen need to meet remotely.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

Clinical staff throughout Wasatch Behavioral Health have been set up to use the DHS Telehealth system or Zoom to provide services remotely. Both are encrypted to be compliant with HIPAA standards. The services provided by telehealth are: Group Therapy, Behavior Management, Individual and Family therapy, Case Management, and Psychiatric Evaluation and Medication Management. Telehealth visits can be either regularly scheduled for those who require this service for any reason. Clinicians are also flexible to provide Telehealth services upon request should a client stumble across an unforeseen need to meet remotely. OQ45 and YOQ will help measure the quality of services.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

As a rural mental health provider and relatively small office the WCFC-WBH team has a wide range of competencies. Our team is available to provide treatment to those struggling with maternal and early childhood mental health needs. Depending on the individual needs of the client services may include medication management, individual or family therapy, behavior management, skill development, or case management. When appropriate and/or necessary the WCFC-WBH team will pursue continued education in these areas. WBH has a maternal mental health specialist who can consult. WBH also has an early childhood mental health specialist who can consult if needed with the staff at our WCFC.

Other Quality and Access Improvement Projects (not included above)

Staff are being trained and conditioned to more effectively use the WCFC-WBH case management team to provide clients with access to meaningful wrap-around services. The case management team has been trained to provide both linking, coordinating, and assessment services as well as skill development and behavior management. These services provide a substantial value add benefit to therapeutic services in a number of cases. Recently the WCFC-WBH team has become very experienced with the use of telehealth. The application of this technology opens treatment to a number of clients who otherwise might not make it to treatment.

30) Integrated Care**Pete Caldwell**

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

WCFC-WBH is co-located in the Wasatch Community Services building with the Wasatch County Health Department and collaborates frequently. The building also houses a donated dental clinic to provide dental services to unfunded or underinsured individuals. WCFC-WBH also has available resources through the Mountainland FQHC which is co-located with Wasatch Behavioral Health in Utah County. Clients can also receive services with the People's Health Clinic which is a FQHC in Summit County.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

WCFC-WBH is a combined center and provides both mental health and substance abuse services at our clinic location 55 South 500 East. Services are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and 8:00 a.m. to 5:00 p.m. on Fridays. Clinicians at the clinic provide both mental health and substance use disorder treatment. Clients are screened and assessed at intake for co-occurring disorders and appropriate treatment provided. Cases are staffed and input is given through individual supervision and weekly staff meetings. Additionally, Wasatch County has a drug court and many participants receive both mental health and substance use treatment. WCFC-WBH also has a registered nurse who provides wellness groups to educate clients on personal wellness. [Primary barrier for not integrating into primary care is that Wasatch County has only contracted with WBH for MH and SUD services plus there is no funding to integrate services with primary care.](#)

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

WCFC-WBH includes health and wellness questions as part of the initial evaluation. Referrals are made to the Wasatch County Health department for services they offer. As we are co-located this process works very well. WCFC-WBH medical staff coordinates with local primary care physicians and case managers to help to access and follow up with medical care. WCFC staff also provide wellness groups and education. Case managers work to coordinate and link clients with resources and services as needed. This includes physical health care.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

WCFC-WBH has a registered nurse on staff 2 days a week that runs health and wellness groups for clients. She is able to provide education regarding medical questions when indicated. We additionally partner with the Wasatch County Health Department and as needed clients are referred to the health department (located in the same building as our outpatient clinic). Additionally, case management staff is prepared to work with clients and link them with private medical providers as needed.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

WCFC-WBH therapists screen for nicotine use in the initial evaluation and are trained to educate clients on MAT services to help with tobacco cessation. WCFC-WBH maintains a tobacco free campus. We work regularly with the Wasatch County Health Department in health and wellness, prevention and smoking cessation programs. This is a positive working relationship. WCFC-WBH also partnered with the Health Department in making recommendations regarding policy for the use of E-Cigarettes in Wasatch County buildings.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency liaison for OSUMH to contact for IDD/MH program work.

When treating individuals with co-occurring mental health and autism and other intellectual/developmental disorders WCFC-WBH clinicians take into account that the nature of a developmental delay exists on a spectrum of function (from high to low). Our full spectrum of services is available to clients who fall into this category of diagnosis (i.e. co-occurring mental health and intellectual/developmental disorders). Services may include medication management, individual or family therapy, case management, behavior management, and skills development. Based on the client's level of function any combination of these services may be applied to best benefit the client. In some cases where diagnosis and intellectual function is uncertain, WCFC-WBH can utilize our WBH psychological testing team to provide diagnostic clarification as well as treatment recommendations.

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

For about two years WCFC-WBH has been unable to find and contract with or hire a Family Peer Support Specialist (FPS) for services in Wasatch County. Once available, Children/Youth Peer Support Services will be provided by our FPS. The FPS is trained in Wraparound to fidelity and executes Wraparound Plans on a weekly basis. The FPS will participate fully with WCFC-WBH staff in meetings and coordination of care and will be involved with many community coalitions and partners. Services can be provided in the clinic but largely are provided in the community in family homes or other community settings. Our FPS participates with many local community partners and accepts referrals from WCFC-WBH staff or others in the community such as schools, DCFS, the Children's Justice Center or directly from families in need.

WCFC-WBH has access to Systems of Care (SOC). Through SOC Families are being identified that are participating with multiple agencies to provide Wrap around and other needed services. Close interaction with DCFS, JJS and other allied agencies is an important part of this process.

Include expected increases or decreases from the previous year and explain any variance over 15%.

NA

Describe any significant programmatic changes from the previous year.

WCFC-WBH has been unable to find and hire a new Family Peer Support Specialist for over two years.

**Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement?
YES/NO**

Yes

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. Please note the hours of operation. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

WCFC-WBH has an MCOT that serves both Summit & Wasatch County. MCOT services are currently provided Monday through Friday, 8 AM to 5 PM due to staffing limitations. We anticipate the potential of utilizing a creative staffing model used in another region of the state that will likely appeal to local therapists and peers and draw in viable candidates to move to a 24/7 model.

Include expected increases or decreases from the previous year and explain any variance over 15%.

NA

Describe any significant programmatic changes from the previous year.

We anticipate the potential of utilizing a creative staffing model used in another region of the state that will likely appeal to local therapists and peers and draw in viable candidates to move to a 24/7 model for our MCOT.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

WCFC-WBH will gather and report on the DSAMH division directive requirements.

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the *School-Based Behavioral Health* activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to **2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.**

School based services are provided to Elementary Schools in the Wasatch County School District. Services include consultation, individual and group therapy, case management services, skills groups and crisis intervention. Referrals for School Based clients are also made and medication evaluation and medication management are also provided. School based groups are provided Tuesday, Wednesday and Thursdays by our case management team. All services are provided directly by WCFC-WBH staff. WCFC-WBH also offers a summer program for elementary age students during the summer.

Include expected increases or decreases from the previous year and explain any variance over 15%.

NA

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

There are no significant programmatic changes.

Schools served include:
Heber Valley Elementary
Midway Elementary
Old Mill Elementary
JR Smith Elementary
Daniel's Canyon Elementary
North Campus

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

Data we will be collecting and reporting on include OQ/YOQ data, disciplinary referrals, school attendance and DIBELS scores.

34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.@

WBH is part of the Zero Suicide Initiative for the State of Utah. WBH has integrated the CSSRS into its electronic chart and trains staff on how to use the screening portion as well as the full assessment to help identify clients who are contemplating suicide and creating a safety plan with the client.

Prevention:

WBH has a representative that serves on the Prevention Coalition at the DSAMH. Information is then integrated into a comprehensive vision at WBH. We are involved in training, education, and community awareness. We have a representative who attends weekly meetings with local law enforcement. In addition, we hold two Crisis Intervention Team (CIT) academies with the police, county jail, dispatchers every year. WBH is part of the Zero Suicide Initiative with the DSAMH. WCFC also co-leads a local coalition that addressed suicide prevention.

Intervention:

WBH has integrated the Columbia Suicide Severity Rating Scale (C-SSRS) and the Stanley/Brown Safety Plan into our electronic chart. We are also using the Y/OQ as a screening tool for the initiation of the C-SSRS if the client answers "Frequently" or "Always" on the suicide questions within the Y/OQ. By

the client answering “Frequently” or “Always” it triggers an alert within our electronic chart indicating that the staff member needs to evaluate for the potential suicidal ideation with the C-SSRS and then possibly create a Stanley/Brown Safety Plan with that particular client.
Other interventions include Intensive Residential Treatment (IRT) and Inpatient Hospitalization when necessary.

We work in concert with other community agencies, physical health providers, and law enforcement, to provide a holistic treatment approach (i.e. we work to help clients as whole people including where possible mental and physical health as well as addressing daily needs) to mental health care.

Postvention:

We’ve been involved with postvention in schools throughout our community as suicides occur to help schools, families, religious communities and communities in general deal with the death of person(s) who have taken their life.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

- 1. Suicide Prevention 101 Training**
- 2. Safe & Effective Messaging for Suicide Prevention**
- 3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)**

Doran Williams LCSW
Randy Huntington LCSW
Laura Oaks LCSW
Amanda Stansfield LCSW
Chad Shubin MFT

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

WCFC-WBH will respond to any death by suicide or suicide attempt if requested by school districts or other agencies.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate “N/A” in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

NA

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

We provide individual therapy, group therapy, skill development, case management, behavior management, peer support and medication management services to justice involved clients. Reducing risk factors is addressed through therapeutic intervention, helping client meet living needs through case management and skill development, as well as through the facilitation of the Moral Reconation treatment curriculum. Clinical interview including the client's history of criminal behavior is utilized in conjunction with the RANT risk assessment.

Describe how clients are identified as justice involved clients

Clients self identify as justice involved. Front end staff request clients bring police reports or court documentation to help identify the client's charges and orders.

How do you measure effectiveness and outcomes for justice involved clients?

The OQ45 is used to measure the effectiveness and outcomes for clients.

Identify training and/or technical assistance needs.

NA

Identify a quality improvement goal to better serve justice-involved clients.

Quality Improvement Goal: Monthly staffing regarding a justice involved case.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

WCFC-WBH provides community partners such as local jails, AP&P offices, and other agencies priority admission when referred directly from these partners.

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

WCFC-WBH provides community partners such as DCFS, DJJS, Juvenile Courts, CJC, and other agencies priority admission when referred directly from these partners.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

NA

37) Required attachments

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity. [See section 29 in blue](#)
- Policies for improving cultural responsiveness across agency staff and in services.
- “Eliminating Health Disparity Strategic Plan” goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.